

**Library of Michigan  
Quality Services Audit Checklist**

**Request for Waiver of Building Size  
Essential Level — Facilities and Equipment — Measure #2**

Please fill out and submit the completed form to:

Quality Measures Certification  
Library of Michigan  
702 West Kalamazoo  
P.O. Box 300007  
Lansing, MI 48908-7507

\*Please note that for Enhanced and Excellent Level Certification the Building Size Measure must be met. The waiver is for Essential Level only.

Name of Library: \_\_\_\_\_

I hereby request a five-year waiver of the Essential Level, Facilities and Equipment Core Requirement, #2, Building Size for the following reason:

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Authorized Official:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sign and Date:

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The following section is for Library of Michigan use only. A copy will be returned to the library for your records.

Waiver granted: \_\_\_\_\_

Sign and Title: \_\_\_\_\_

Date: \_\_\_\_\_